

ROUTING AND TRANSMITTAL SLIP**DATE:**

TO:	Initial	Date
1. Originating Office		
2. Administrative Officer		
3. NCI Ethics Office (31/3A20)		
4. RETURN TO: Administrative Officer, Name, Building/Room Number		
5. Originating Office		

SPONSORED TRAVEL PACKAGE CHECKLIST

Assemble FTE HHS-348 Package as follows: 1) Route Slip 2) Signed Hard Copy 348 ☞ [Multiple Sponsor] 3) Traveler Certification Checklist 4) [Late Memo] 5) [AEA Memo] 6) Letter of Invitation/Background ☞ No Federal Funds 7) [Justification - Spousal Travel] 8) Travel Order [signed if foreign] 9) [Notification of Foreign Travel]	Assemble Non-FTE Travel Package as follows: 1) Route Slip 2) NIH Manual 1500, Appendix A 3) NIH Manual 1500, Appendix B 4) [Late Memo] 5) Letter of Invitation/Background	Traveler: 348 Travel Order Number: 348 Date of Travel/Activity: 348 Sponsor Organization:
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Comments:

From:	Bldg./Rm.	Ext.
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